



MULTI-UNIT APPLICATION

BUILDING INSPECTION, PO BOX 40,
9800 GOVERNMENT CENTER PARKWAY
CHESTERFIELD VA 23832

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Connect: 804-751-4444; Inspection Scheduling: 804-751-4990

PERMIT # :

ASSOCIATED PERMIT # :

WORK DESCRIPTION	WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CIRCLE) APARTMENT TOWNHOUSE CONDO		
	WHAT TYPE OF PROPERTY IMPROVEMENT WILL BE MADE ? PLEASE DESCRIBE:		
ID	CONTRACTOR NAME:	CONTRACTOR ID #:	CONTRACTOR'S PHONE #:
CONTACT	ARCHITECT NAME :	ARCHITECT ID # :	ARCHITECT'S PHONE #:
	DEVELOPER NAME :	DEVELOPER ID # :	DEVELOPER'S PHONE #:
	TECHNICAL COORDINATOR:		COORDINATOR'S PHONE # :
	IF YOU WOULD LIKE FOR US TO CONTACT YOU BY E-MAIL, PLEASE INCLUDE THE E-MAIL ADDRESS.		CONTACT'S E-MAIL ADDRESS:
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME) :		OWNER PHONE #:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME JOB LOCATION) :		
	PROPERTY OWNER CITY/STATE/ZIP (SKIP, IF MAILING ADDRESS IS THE SAME AS JOB LOCATION) :		
JOB INFORMATION	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/STREET TYPE OR SUBDIVISION LOT/BLOCK/SECTION) :		
	IF APPLICABLE, WHAT IS THE APARTMENT/TOWNHOUSE/CONDO COMPLEX NAME?		# OF UNITS :
	WHAT IS THE ESTIMATED COST OF STRUCTURAL WORK ONLY (materials and labor)? Do not include the cost of plumbing, mechanical, electrical or other auxiliary work in this estimate.		EST. COST OF CONSTRUCTION: \$
	MASTER PLAN PROGRAM: Contractors who build the same home plan more than once can save time by registering their plan in the Chesterfield County's Master Plan Program. Once established in the Master Plan Program, review of future submissions of the same house plan will be expedited, and a quicker turnaround time may result. For more information about our MASTER PLAN PROGRAM, please let us know.		MASTER PLAN #:
WATER	PLEASE CIRCLE THE TYPE OF WATER SUPPLY TO THIS PROPERTY: COUNTY WATER WELL		
	PLEASE CIRCLE THE TYPE OF DISPOSAL USED BY THIS PROPERTY: COUNTY SEWER SEPTIC		
	IF YOU CIRCLED SEPTIC, IS THERE PLUMBING IN THE BASEMENT OF THE STRUCTURE? YES NO		

APPLICANT	APPLICANT NAME (PLEASE PRINT) :										
	REPRESENTING (NAME OF COMPANY)										
	APPLICANT SIGNATURE :							DATE :			
UNIT INFORMATION	ADDRESS			UNIT #	# BEDRMS		ADDRESS			UNIT #	# BEDRMS
OFFICE USE ONLY	BUILDING PERMIT FEE:										
	\$										
	ENVIRONMENTAL ENGINEERING FEE::										
	\$										
	PLANNING DEPARTMENT FEE:										
	\$										
	ASSOCIATED CREDIT CARD FEE:										
	\$										
STATE LEVY:											
\$											
TOTAL PERMIT FEE:											
\$											
CASHIER :	CHECK # :	DATE :									